DEPARTMENT OF HEALTH AND F CENTERS FOR MEDICARE & MEI					RM APPROVED B NO. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X2) MULTIPLE C A. BUILDING B. WING	ONSTRUCTION	(X3) DATE SURVEY COMPLETED 03/01/2011	
NAME OF PROVIDER OR SUPPLE RURAL HEALTH CARE (X4) ID SUMMAF		STREET 1747 N	ADDRESS, CITY, STATE, ZIP CODE NORTH RURAL STREET NAPOLIS, IN46218		(X5)
PREFIX (EACH DEFIC		PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	ΤΕ	COMPLETION DATE
Complaints IN IN00086339. Complaint IN No deficiencie are cited. Complaint IN Unsubstantiate Unrelated definitions Survey Dates: Facility numb Provider numb AIM number: Survey Team:	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) is visit was for the Investigation of mplaints IN00086310 and 00086339. mplaint IN00086310 - Substantiated. deficiencies related to the allegations ecited. mplaint IN00086339 - substantiated, due to lack of evidence. mrelated deficiencies cited. rvey Dates: 2/28/11 and 3/01/11 cility number: 000388 evider number: 15E244 M number: 100454140 rvey Team: rol Diane Dierks, R.N.		This plan of correction is to serve as Rural Health Care's credible allegation of compliance. Submission of the plan of correction does not constitute an admission by Rural Health Care or it's management company that the allegations contained in the survey report are a true and accurate portrayal of the provision of nursing care an other services in this facility. Nor does this submission constitute an agreement or admission of the survey allegations. We are in compliance as of 03/18/2011 and respectfully request pagareview.	this the d	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

findings cited in accordance with 410 IAC

These deficiencies also reflect state

Total: 42

Sample: 7

Census payor type: Medicaid: 42 Total: 42

(X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: 32WX11 Facility ID: 000388

TITLE

l		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		MULTIPLE CO		(X3) DATE : COMPL		
MIDILAN	or condition	15E244		UILDING			03/01/2	
			B. V	VING	DDDEGG CITY CT	TE ZID CODE		
NAME OF P	PROVIDER OR SUPPLIER			1	ADDRESS, CITY, STATORTH RURAL S			
RURAL F	HEALTH CARE				APOLIS, IN4621			
(X4) ID		TATEMENT OF DEFICIENCIES		ID				(X5)
PREFIX		CY MUST BE PERCEDED BY FULL	,	PREFIX	(EACH CORRECTIV	AN OF CORRECTION E ACTION SHOULD BE	_	COMPLETION
TAG		LSC IDENTIFYING INFORMATION		TAG	CROSS-REFERENCE DEFI	D TO THE APPROPRIAT CIENCY)	E	DATE
	16.2.							
	Quality review 3/08	/11 by Suzanne Williams, RN						
FORM CMS-2	567(02-99) Previous Versio	ns Obsolete Event ID	32WX	11 Facility	ID: 000388	If continuation sh	eet Pa	ge 2 of 21

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (IDENTIFICATION NUMBER: 15E244		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED 03/01/2011		
		100244	B. WIN			03/01/2	011
	PROVIDER OR SUPPLIER			1747 N	ADDRESS, CITY, STATE, ZIP CODE ORTH RURAL STREET		
RURALF	IEALTH CARE			I INDIAN	IAPOLIS, IN46218		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PERCEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT	E	COMPLETION
TAG		LSC IDENTIFYING INFORMATION)	ļ	TAG	DEFICIENCY)		DATE
F0224	Based on intervie	ew and record review, the	F02	24	F224 483.13(c)(1)(i) STAFF		03/25/2011
SS=D	facility failed to	ensure a resident was free			TREATMENT OF RESIDENTS is the practice of Rural Health	Ιτ	
	from punishment	by staff. Facility staff			Care to develop and implemen	nt	
	removed one resi	ident's radio without his			policies and procedures that		
	permission and s	tated it would not be			prohibit mistreatment, neglect,		
	•	ossession unless he			and abuse of residents and		
	-	the volume down, for 1 of			misappropriation of property.	The	
		wed for abuse in a sample			facility does not use verbal,		
		•			sexual, physical, and mental	na al	
	of 7 residents. ((Resident G)			abuse, corporal punishment, a involuntary seclusion. I. Reside		
					G has been assessed by Social		
	Findings include	:			Services and shows no signs of		
					distress regarding the event th		
	In an interview w	with Resident G, on			occurred on 1/15/11. His		
	3/01/11 at 3:15 p	.m., he indicated he had			behavior care plan has been		
	several concerns.	One of his concerns			updated to include provisions t	for	
	was he wanted to	play his gospel music in			listening to his radio. As indicated in the survey report,		
		ff said "not all people			there have been no further iss	ues	
	like gospel music				since the resident's roommate		
	like gosper music	····			was moved to a new room. The	ne	
	Pagidant Gla alin	ical record was reviewed			nurse described in the survey		
					report was re-educated regard		
		0 p.m His diagnoses			our abuse policy. II. All resider have the potential to be affected		
	included, but wer	-			The care plans have been	au.	
		ehavioral disturbances -			reviewed and updated as		
		cal aggression, status post			necessary for any resident who	0	
	supra pubic cathe	eter secondary to prostate			wishes to listen to the radio or		
	cancer, history of	f medical			watch television with a loud		
	non-compliance,	diabetes mellitus type II,			volume. III. Facility personnel	ina	
	chronic kidney d	isease - stage III,			have been re-educated regard the facility's Abuse policy. This		
	-	onvulsions. The resident			inservice included the resident		
	-	the facility on 1/03/11.			right to have personal property	,	
					including radios with reasonab	le	
	The history and r	physical (H & P) from a			accommodations so as not to		
		ted 12/27/10, indicated			disturb other residents.	o in	
	iocai nospitai, da	icu 12/27/10, maicalea			Headphones are now available	# III	

000388

	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		15E244	B. WIN	G		03/01/2	UII	
	PROVIDER OR SUPPLIEF	· ·	-	1747 N	ADDRESS, CITY, STATE, ZIP CODE ORTH RURAL STREET			
	HEALTH CARE			<u>.</u>	APOLIS, IN46218			
(X4) ID		STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX	`	ICY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	E	COMPLETION DATE	
TAG	.	,	+	IAG	the facility to any resident who		DATE	
		e with bleeding around			wishes to listen to radios late a			
	1 -	te as well as painis well			night. Facility personnel have			
		rvicehas been multiple			been educated on this			
	_	last admission just over			accommodation. The			
	_	wasfound riding his			interdisciplinary team has been re-educated on the need to	1		
		cooter through the			formulate a behavior care plan	for		
		&P also indicated the			residents who disturb other			
		olved with Adult			residents with loud audio device	ces.		
		ces (APS) and he was			IV. The Director of Social Services or designee is			
	1	chiatry and was found to			conducting random resident			
	1 ^	nt to make his own			interviews regarding the use o	f		
	medical decision	ıs"			radios and televisions. A sam	ple		
					of 5 residents are interviewed	s if		
	1	es indicated the following:			weekly for 30 days to determing they have been afforded the right.			
	1/12/11 at 10:45	p.m.: "has the radio			to listen to radios/televisions a	~ I		
		loud disturbing his room			desired. Then a sample of 5			
	mate"				residents will be interviewed monthly for 90 days. The audi	to		
		.m.: "in wheelchair			include a review of the care plant			
		asked to turn radio down			to ensure inappropriate behav			
	1 -	(certified nurse aide)			(disturbing other residents) is			
		ated, 'I don't do what no			addressed. An investigation w			
		to do and if you come in			be completed on any allegatio abuse including reporting the	n OT		
		gonna call the police on			allegation to ISDH as required	.		
	1 ~	NA made same request			Results of all audits are report	ed		
	and turned reside	ent's radio			to the facility's QA Committee			
	downremained	low remainder of			additional recommendations a	s		
	shift"				necessary.			
	1/14/11 at 1:00 a	.m.: "Resident in room						
	with radio up lou	ud refusing to turn it						
	down, confronta	tional towards this writer						
	making gender r	elated statements, asking						
	to have police ca	alled to 'get me out of						
	here,' continued	to attempt to reason with						
		_						

STATEMEN	T OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) M	ULTIPLE CO	NSTRUCTION	(X3) DATE	(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUII	LDING		COMPL	ETED		
		15E244	B. WIN			03/01/2	011		
NAME OF I	DROWINED OR CLIDDLIED		!	STREET A	ADDRESS, CITY, STATE, ZIP CODE	·!			
NAME OF I	PROVIDER OR SUPPLIER			1747 N	ORTH RURAL STREET				
	HEALTH CARE			<u>.</u>	APOLIS, IN46218				
(X4) ID		TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)		
PREFIX TAG	`	CY MUST BE PERCEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	ATE	COMPLETION DATE		
IAG		LSC IDENTIFYING INFORMATION)	-	TAG	DEFICIENCY)		DATE		
	resident to consid								
		.m.: "Entered resident's							
		oommate complaint of							
	1	asked resident to turn							
	· ·	ident refused, this writer							
		olume down, resident							
	1 ~ ~	th balled fist, this writer							
	_	t's repeated attempts to							
		(resident) yelling out,							
	,	om I didn't call you in							
	here'"								
	1/14/11 at 3:00 a	.m.: "Resident finally							
	turned gospel mu	usic off"							
	1/15/11 at 1:05 a	.m.: "This writer and							
	two CNAs entere	ed resident's room to							
	encourage reside	nt to turn radio down to							
	keep from distur	bing the							
	roommateenco	uraging volume control,							
	resident continue	es to refuse. Resident's							
	roommate awake	e, upset, continues to							
	attempt to compi	romise volume. Resident							
	continues to insis	st he does not have to							
	control the volun	ne on his radio"							
	1/15/11 at 1:15 a	.m.: "Resident's radio							
	unplugged, confi	scated until behaviors							
	1	t left room, went to front							
		nir yelling for police. This							
		ed resident, explained all							
		done is to turn volume							
		stated, 'You don't tell me							
		my radio'Reapproached							
		adio will be given back,							
		low, whenever resident							
		,							
	l								

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) M	ULTIPLE CO	NSTRUCTION	(X3) DATE S	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER: 15E244	A. BUI	LDING		03/01/2	
		130244	B. WIN			03/01/2	011
NAME OF I	PROVIDER OR SUPPLIER			1	ADDRESS, CITY, STATE, ZIP CODE ORTH RURAL STREET		
RURAI F	HEALTH CARE			1	APOLIS, IN46218		
		TATEMENT OF DEFICIENCIES		ID			(V5)
(X4) ID PREFIX		CY MUST BE PERCEDED BY FULL		PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE		(X5) COMPLETION
TAG	`	LSC IDENTIFYING INFORMATION)		TAG	CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	DATE
	returned to room	" 1/15/11 at 2:45 a.m.:	1				
		continued intermittently					
		s, improvement in					
	1 *	ent to be considerate"					
	An interview was	s conducted with the					
	Director of Nursi	ing (DON) on 3/01/11 at					
	3:30 p.m. The Do	ON indicated when she					
	discovered Resid	lent G's radio had been					
	confiscated, she	called the nurse and did a					
	verbal counseling	g, but indicated she did					
	not have a record	of the verbal counseling.					
	The DON also in	dicated she did not					
	suspend the nurse	e and that she (DON) did					
	not report the inc	eident to Indiana State					
	Department of H	ealth. When asked if she					
	considered the in	cident to be abusive, the					
	DON indicated, '	'yes". The DON					
	indicated Resider	nt G had threatened "to					
	kick people's a"	and he had threatened to					
	not take his medi	cations so that, per the					
	resident, he woul	d be sent to the hospital					
		ne. DON indicated					
		not hard of hearing, but					
	that he and his ro						
		ther. She indicated the					
		noved and there have					
		ith the radio's volume					
	· ·	been separated. She					
		ere no care plans which					
	_	terventions for the					
		listen to his radio with a					
	loud volume.						

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (IDENTIFICATION NUMBER: 15E244			(X2) MULTIPLE CO A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 03/01/2011			
	PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 1747 NORTH RURAL STREET INDIANAPOLIS, IN46218				
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETION		
	Activities Aide of She indicated the listen to any kind. The Activities A offer headphones	s conducted with the on 3/01/11 at 3:40 p.m e resident was able to d of music that he wants aide indicated she would sto the resident, if he so he could listen to the as he wants.					

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	, DIIII	DING		COMPL	ETED
		15E244	A. BUII B. WIN			03/01/20	011
			B. WIN		ADDRESS, CITY, STATE, ZIP CODE	ļ	
NAME OF P	PROVIDER OR SUPPLIER						
					ORTH RURAL STREET		
RUKALF	HEALTH CARE			INDIAN	APOLIS, IN46218		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PERCEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATION OF THE APPROPRIATION	ΓE	COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	<u> </u>	TAG	DEFICIENCY)		DATE
F0225	Based on intervie	ew and record review, the	F02	25	F225 483.13(c)(1)(ii)-(iii), (c)(2	2)-	03/25/2011
SS=D	facility failed to t	thoroughly investigate the			(4) INVESTIGATE/REPORT/		
00-0	_	staff, of a resident's radio			ALLEGATIONS/INDIVIDUALS	i It	
		ort the incident to the			is the practice of Rural Health		
					Care to ensure that all alleged		
		partment of Health for 1			violations involving mistreatment neglect, or abuse, including	rii,	
		viewed for abuse in a			injuries of unknown source an	d	
	sample of 7 resid	lents . (Resident G)			misappropriation of resident	"	
					property are reported immedia	itely	
	Findings include:	·			to the administrator of the facil	- 1	
	_				and to other officials in		
	In an interview w	vith Resident G, on			accordance with state law		
		.m., he indicated he had			through established procedure		
					including to the state survey a		
		One of his concerns			certification agency. I. Resider	nt G	
	was he wanted to	play his gospel music in			has been assessed by Social	of	
	his room, but stat	ff said "not all people			Services and shows no signs of distress regarding the event the		
	like gospel music	c"			occurred on 1/15/11. His	iai	
					behavior care plan has been		
	Resident G's clin	ical record was reviewed			updated to include provisions	for	
		0 p.m His diagnoses			listening to his radio. As		
		•			indicated in the survey report,		
	included, but wer	-			there have been no further iss		
		ehavioral disturbances -			since the resident's roommate		
	verbal and physic	cal aggression, status post			was moved to a new room. Ti	ne	
	supra pubic cathe	eter secondary to prostate			nurse described in the survey		
	cancer, history of	f medical			report was re-educated on our abuse policy. II. All residents h		
		diabetes mellitus type II,			the potential to be affected. The		
	chronic kidney d	31			care plans have been reviewe		
	_	• •			and updated as necessary for		
	-	onvulsions. The resident			resident who wishes to listen t		
	was admitted to t	the facility on 1/03/11.			the radio or watch television w	rith	
					a loud volume. III. Facility		
	The nursing note	s indicated the following:			personnel have been re-educa	ated	
	1/12/11 at 10:45	p.m.: "has the radio			regarding the facility's Abuse	,	
	and TV up very l	very loud disturbing his room			policy. This inservice included	ı	
	mate"	C			the resident's right to have personal property including rad	dine	
					pordonal property including la	4.00	
			1		İ		

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

32WX11

Facility ID:

000388

If continuation sheet Pag

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) M	ULTIPLE CO	ONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUII	LDING		COMPLETED
		15E244	B. WIN			03/01/2011
NAME OF F	PROVIDER OR SUPPLIER				ADDRESS, CITY, STATE, ZIP CODE	
				1	ORTH RURAL STREET	
RURAL H	HEALTH CARE			INDIAN	IAPOLIS, IN46218	
(X4) ID		TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX	` `	CY MUST BE PERCEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT	
TAG		LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)	DATE
		.m.: "in wheelchair			with reasonable accommodation so as not to disturb other	ons
		asked to turn radio down			residents. Headphones are no	ow
	by female CNA (certified nurse aide)				available in the facility to any	···
	staff. Resident st	ated, 'I don't do what no			resident who wishes to listen t	o
	woman tells me	to do and if you come in			radios late at night. Facility	.
	here againI'm g	gonna call the police on			personnel have been educated on this accommodation. The	d
	you.' A male CN	JA made same request			interdisciplinary team has been	<u> </u>
	and turned reside	ent's radio			re-educated on the need to	'
		low remainder of			formulate a behavior care plar	for
	shift"				residents who disturb other	
		.m.: "Resident in room			residents with loud audio device	ces.
		id refusing to turn it			IV. The Director of Social Services or designee is	
	1	tional towards this writer			conducting random resident	
	· ·	elated statements, asking			interviews regarding the use o	f
		lled to 'get me out of			radios and televisions. A sam	
	_				of 5 residents are interviewed	.,
	· ·	to attempt to reason with			weekly for 30 days to determine	
	resident to consid				they have been afforded the rito listen to radios/televisions a	
		.m.: "Entered resident's			desired. Then a sample of 5	Ĭ
		oommate complaint of			residents will be interviewed	
	· ·	asked resident to turn			monthly for 90 days. The audi	
		ident refused, this writer			include a review of the care plants to appure incorporate behave	
		olume down, resident			to ensure inappropriate behav (disturbing other residents) is	IOI
	~ ~	th balled fist, this writer			addressed. An investigation w	vill
	blocking residen	t's repeated attempts to			be completed on any allegatio	
	strike this writer.	(resident) yelling out,			abuse including reporting the	
	'get out of my ro	om I didn't call you in			allegation to ISDH as required	
	here'"				Results of all audits are report to the facility's QA Committee	
	1/14/11 at 3:00 a	.m.: "Resident finally			additional recommendations a	
	turned gospel mu				necessary.	
		.m.: "This writer and				
		ed resident's room to				
		ent to turn radio down to				
	keep from distur					
FORM CMS-2	L 2567(02-99) Previous Version	ons Obsolete Event ID: 3	 32WX11	Facility	ID: 000388 If continuation sl	Page 9 of 21

PRINTED: 03/31/2011 FORM APPROVED OMB NO. 0938-0391

	NT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15E244		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			(X3) DATE SURVEY COMPLETED 03/01/2011	
	PROVIDER OR SUPPLIEF	<u> </u>	STREET ADDRESS, CITY, STATE, ZIP CODE 1747 NORTH RURAL STREET INDIANAPOLIS, IN46218			1		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)	PR	ID REFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	ΤE	(X5) COMPLETION DATE	
	resident continuer roommate awake attempt to compression continues to insist control the volume 1/15/11 at 1:15 at unplugged, confisubside. Resident door in wheelched writer approached that needs to be down. Resident what to do with resident, stated resident, stated rewith volume on returned to room "Conversation every 20 minutes resident agreemed. An interview was Director of Nurs 3:30 p.m. The Discovered Resident confiscated, she verbal counseling record of the verals of indicated she nurse and that she the incident to the Department of Herical compression in the second confiscated of the verals of the verbal counseling record of the verbal counseling	curaging volume control, as to refuse. Resident's a upset, continues to romise volume. Resident at he does not have to me on his radio" ""						

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Event ID:

32WX11 Facility ID:

000388

If continuation sheet

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 15E244			(X2) MULTIPLE CO A. BUILDING B. WING		- COM 03/01	(X3) DATE SURVEY COMPLETED 03/01/2011	
	PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 1747 NORTH RURAL STREET INDIANAPOLIS, IN46218				
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION) "yes".	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
	3.1-28(c) 3.1-28(d) 3.1-28(e)						

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUIL	DING		COMPLETED	
		15E244	B. WING			03/01/20	11
			b. WIIV		ADDRESS, CITY, STATE, ZIP CODE		
NAME OF P	ROVIDER OR SUPPLIER				ORTH RURAL STREET		
RIIRAI L	IEALTH CARE				APOLIS, IN46218		
	ILALITI CANL						
(X4) ID		TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX		CY MUST BE PERCEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE APPROPRI	TE.	COMPLETION
TAG		LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)		DATE
F0226		review and interview, the	F02	26	F226 483.13(c)		03/25/2011
SS=D	facility failed to	follow their Policy and			DEVELOP/IMPLEMENT	.	
	Procedure for rep	oorting and investigating			ABUSE/NEGLECT POLICIES is the practice of Rural Health	IT	
	Abuse, when a sta	aff member confiscated			Care to develop and implemen	nt	
		ishment without the			policies and procedures that	"	
		sion, for 1 of 3 residents			prohibit mistreatment, neglect,		
	-	se in a sample of 7.			and abuse of residents and		
		se in a sample of 7.			misappropriation of property. I		
	(Resident G)				Resident G has been assesse		
					by Social Services and shows		
	Findings include	:			signs of distress regarding the event that occurred on 1/15/11		
					His behavior care plan has be		
	In an interview w	vith Resident G, on			updated to include provisions		
	3/01/11 at 3:15 p	.m., he indicated he had			listening to his radio. As		
	-	One of his concerns			indicated in the survey report,		
		play his gospel music in			there have been no further iss	ues	
					since the resident's roommate	I .	
		ff said "not all people			was moved to a new room. TI	ne	
	like gospel music	D"			nurse described in the survey		
					report was re-educated on our abuse policy. II. All residents h		
	Resident G's clin	ical record was reviewed			the potential to be affected. The		
	on 3/01/11 at 3:2	0 p.m His diagnoses			care plans have been reviewe		
	included, but wer	re not limited to,			and updated as necessary for		
	dementia with be	ehavioral disturbances -			resident who wishes to listen t	0	
	verbal and physic	cal aggression, status post			the radio or watch television w	rith	
		eter secondary to prostate			a loud volume. III. Facility		
	cancer, history of				personnel have been re-educa	ated	
	•				regarding the facility's Abuse policy. This inservice included	,	
	•	diabetes mellitus type II,			the resident's right to have	1	
	chronic kidney d	•			personal property including ra	dios	
	-	onvulsions. The resident			with reasonable accommodati		
	was admitted to t	the facility on 1/03/11.			so as not to disturb other		
					residents. Headphones are no	ow	
	The nursing note	s indicated the following:			available in the facility to any		
	•	p.m.: "has the radio			resident who wishes to listen t	0	
	· ·	oud disturbing his room			radios late at night. Facility personnel have been educated	,	
					por sormior have been educated	_	

000388

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) M	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	15E244	A. BUI	LDING				
B. WING			03/01/2011					
NAME OF I	PROVIDER OR SUPPLIER			1	ADDRESS, CITY, STATE, ZIP CODE			
RURAI I	HEALTH CARE			1	ORTH RURAL STREET IAPOLIS, IN46218			
					1741 OLIO, 11440210			
(X4) ID PREFIX		TATEMENT OF DEFICIENCIES CY MUST BE PERCEDED BY FULL		ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE		(X5) COMPLETION	
	`				CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	ΓE		
TAG	mate" 1/13/11 at 1:30 a with radio loud by female CNA (staff. Resident sta woman tells me to here againI'm g you.' A male CN and turned resided downremained shift" 1/14/11 at 1:00 a with radio up loud down, confrontat making gender re to have police ca here,' continued to resident to consider to have police ca here,' continued to resident to consider to have police ca here, and turned to re music too loud, a music down, resi reached to turn v began hitting with blocking resident strike this writer. 'get out of my roof here'" 1/14/11 at 3:00 a turned gospel mu 1/15/11 at 1:05 a two CNAs entered	low remainder oflow remainder of		TAG	on this accommodation. The interdisciplinary team has bee re-educated on the need to formulate a behavior care plar residents who disturb other residents with loud audio devic IV. The Director of Social Services or designee is conducting random resident interviews regarding the use or radios and televisions. A sam of 5 residents are interviewed weekly for 30 days to determine they have been afforded the rito listen to radios/televisions and desired. Then a sample of 5 residents will be interviewed monthly for 90 days. The audinclude a review of the care plato ensure inappropriate behave (disturbing other residents) is addressed. An investigation was be completed on any allegation abuse including reporting the allegation to ISDH as required Results of all audits are report to the facility's QA Committee additional recommendations an necessary.	n for ces. f ple he if ght s its an ior vill n of led for	DATE	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 15E244			(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION	COMP	(X3) DATE SURVEY COMPLETED 03/01/2011		
NAME OF PROVIDER OR SUPPLIER RURAL HEALTH CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 1747 NORTH RURAL STREET INDIANAPOLIS, IN46218					
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPR DEFICIENCY)	D BE	(X5) COMPLETION DATE		
	resident continuer roommate awake attempt to compression control the volum 1/15/11 at 1:15 a unplugged, confisubside. Resident door in wheelchat writer approached that needs to be down. Resident swith volume on resident, stated rewith volume on returned to room "Conversation every 20 minutes resident agreemed. An interview was Director of Nurs 3:30 p.m. The Didiscovered Resident counseling record of the verside also indicated shourse and that shourse and that shourse and that shourse and that shourse incident to the	uraging volume control, as to refuse. Resident's a, upset, continues to romise volume. Resident at he does not have to the on his radio" ".m.: "Resident's radio scated until behaviors at left room, went to front the yelling for police. This does not to turn volume attated, 'You don't tell me my radio'Reapproached adio will be given back, ow, whenever resident and in the my radio'Reapproached adio will be given back, ow, whenever resident and intermittently as improvement in the to be considerate" In the considerate and the ing (DON) on 3/01/11 at indicated when she is lent G's radio had been called the nurse and did a g, but she did not have a bal counseling. The DON is edid not suspend the ing (DON) did not report						

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CO A. BUILDING B. WING	NSTRUCTION	COMP	(X3) DATE SURVEY COMPLETED 03/01/2011	
NAME OF PROVIDER OR SUPPLIER RURAL HEALTH CARE			1747 N	ADDRESS, CITY, STATE, ZIP CODE ORTH RURAL STREET APOLIS, IN46218	•		
(X4) ID PREFIX TAG	(EACH DEFICIEN REGULATORY OR	TATEMENT OF DEFICIENCIES CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPRO DEFICIENCY)) BE	(X5) COMPLETION DATE	
	considered the in DON indicated,	icident to be abusive, the "yes".					
	provided by the A The policy indicated interpretation and "Our abuse prever program may incented the following: j. planning, and mowith needs and be conflict or neglect residents with significant problem implementing caresolving behavior problem implementing caresolving behavior "Abuse Investigates in the results of the results of the reviewed by the results of the investigates of th	d Implementation" 2. enting/intervention clude, but is not limited to Assessing, care onitoring of residents ehaviors that may lead to etK. Assessing gas and symptoms of ans and developing and are plans that can assist in oral issues" ations" All reports of shall be promptly and tigated by facility a Employees of this been accused of resident spended from duty until investigation have been Administrator 10. The estigations of abuse are ate survey agency within tection of Residents vestigating " indicated s accused of participating use will be immediately					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 15E244			(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED B. WING 03/01/2011				ETED
NAME OF PROVIDER OR SUPPLIER					DDRESS, CITY, STATE, ZIP CODE		
RURAL I	HEALTH CARE			1	APOLIS, IN46218		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT TAG DEFICIENCY)			ΤE	(X5) COMPLETION DATE
	Administrator' The Administrat notified of suspe incidents of abus hoursthe Admipaged and info " f. Mental abu limited to: humi threats of punish Misappropriation defined as delibe	n of resident's property is					

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32WX11 Facility ID:

ty ID: 000388

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED		
15E244			A. BUILDING			03/01/2011	
			B. WIN		ADDRESS, CITY, STATE, ZIP CODE		
NAME OF F	PROVIDER OR SUPPLIER				ORTH RURAL STREET		
RURAL H	HEALTH CARE				IAPOLIS, IN46218		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION	((X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PERCEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT	E COMP	LETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	<u> </u>	TAG	DEFICIENCY)		ATE
F0279		review and interview, the	F02	79	F279 483.20(d), 483.20(k)(1) COMPREHENSIVE CARE	03/2	5/2011
SS=D	_	initiate a behavior care			PLANS It is the practice of Rui	al	
		oriate interventions to			Health Care to review and revi	I	
	address a residen	t's behavior of listening			the resident's comprehensive		
	to loud music and	d related to female care			care plan. I. Resident G has be		
	givers, for 1 in 3	residents reviewed for			assessed by Social Services a	nd	
		unning in a sample of 7			shows no signs of distress	. 1	
	residents. (Resid				regarding the event that occur on 1/15/11. His behavior care	red	
	(110010				plan has been updated to inclu	ude	
	Findings include				provisions for listening to his		
	rindings include	•			radio. As indicated in the surv	ev	
					report, there have been no furt		
		vith Resident G, on			issues since the resident's		
	•	.m., he indicated he had			roommate was moved to a new	I	
	several concerns.	One of his concerns			room. The nurse described in		
	was he wanted to	play his gospel music in			survey report was re-educated our abuse policy. II. All resider		
	his room, but stat	ff said "not all people			have the potential to be affected		
	like gospel music	2"			The care plans have been		
					reviewed and updated as		
	Resident G's clin	ical record was reviewed			necessary for any resident wh		
		0 p.m His diagnoses			wishes to listen to the radio or		
	included, but we	-			watch television with a loud		
	· ·	chavioral disturbances -			volume. III. Facility personnel have been re-educated regard	_{ina}	
					the facility's Abuse policy. This	- 1	
		cal aggression, status post			inservice included the resident	I	
		eter secondary to prostate			right to have personal property		
	cancer, history of				including radios with reasonab	le	
	-	diabetes mellitus type II,			accommodations so as not to		
	chronic kidney d	isease - stage III,			disturb other residents. Headphones are now available	in	
	depression and co	onvulsions. The resident			the facility to any resident who		
	was admitted to t	the facility on 1/03/11.			wishes to listen to radios late a		
					night. Facility personnel have		
	The nursing note	s indicated the following:			been educated on this		
	_	p.m.: "has the radio			accommodation. The		
	· ·	oud disturbing his room			interdisciplinary team has been	ן י	
	and I v up very I	oud distuiting his foom			re-educated on the need to		

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			(X3) DATE SURVEY COMPLETED 03/01/2011	
	PROVIDER OR SUPPLIEI	!!	STREET ADDRESS, CITY, STATE, ZIP CODE 1747 NORTH RURAL STREET INDIANAPOLIS, IN46218				
	summary s (EACH DEFICIENT REGULATORY OR Mate" 1/13/11 at 1:30 at with radio loud by female CNA staff. Resident strong woman tells me here againI'm gou.' A male CN and turned reside downremained shift" 1/14/11 at 1:00 at with radio up loud down, confrontal making gender in to have police cat here,' continued resident to consiliary at 1/14/11 at 2:30 at room related to music too loud, music down, resident to turn where the strike this writer get out of my role here'" 1/14/11 at 3:00 at turned gospel material strike this writer get out of my role here'"	ETATEMENT OF DEFICIENCIES ICY MUST BE PERCEDED BY FULL LISC IDENTIFYING INFORMATION) I.m.: "in wheelchairasked to turn radio down (certified nurse aide)ated, 'I don't do what no to do and if you come in gonna call the police on JA made same request ent's radiolow remainder of I.m.: "Resident in room and refusing to turn it tional towards this writer elated statements, asking alled to 'get me out of to attempt to reason with der others" I.m.: "Entered resident's roommate complaint of asked resident to turn ident refused, this writer rolume down, resident th balled fist, this writer t's repeated attempts to(resident) yelling out, om I didn't call you in I.m.: "Resident finally		1		f for ces. f ple if ght s its an ior vill n of ed for	(X5) COMPLETION DATE
	encourage reside	ent to turn radio down to					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 15E244			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED 03/01/2011		
		15E244	B. WING				011	
NAME OF PROVIDER OR SUPPLIER RURAL HEALTH CARE				1747 NC	DDRESS, CITY, STATE, ZIP CODE DRTH RURAL STREET APOLIS, IN46218			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	ATE.	(X5) COMPLETION DATE	
	resident continuer roommate awake attempt to compresent continues to insist control the volume 1/15/11 at 1:15 at unplugged, confissible. Resident door in wheelchat writer approached that needs to be down. Resident so what to do with resident, stated rowith volume on the resident agreement. There were no callinical record to behavior related music loudly on to female careging documentation legislated indicate types of with the resident.	bing the uraging volume control, es to refuse. Resident's e, upset, continues to romise volume. Resident est he does not have to me on his radio" .m.: "Resident's radio scated until behaviors to left room, went to front air yelling for police. This does not to turn volume estated, 'You don't tell me my radio'Reapproached eadio will be given back, low, whenever resident" 1/15/11 at 2:45 a.m.: continued intermittently es, improvement in the eaddress the resident's to his listening to gospel this radio or his response overs. There was no ocated which would interventions to utilize related to his behaviors. Is conducted with the ling (DON) on 3/01/11 at						

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED		
		15E244	B. WIN				03/01/2011		
NAME OF I	PROVIDER OR SUPPLIE	R.	!	STREET AI	DDRESS, CITY, STAT	E, ZIP CODE			
				1	ORTH RURAL ST				
RURAL I	HEALTH CARE			_ INDIANA	APOLIS, IN46218	3			
(X4) ID		STATEMENT OF DEFICIENCIES		ID		AN OF CORRECTION		(X5)	
PREFIX TAG	`	NCY MUST BE PERCEDED BY FULL R LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE CROSS-REFERENCED DEFIC		ΤE	COMPLETION DATE	
IAG				IAG	Bare			DATE	
	1 ^	ON indicated when she dent G's radio had been							
		called the nurse and did a							
	1								
		ig, but indicated she did							
		d of the verbal counseling.							
		ndicated she did not							
	1 ^	se and that she (DON) did							
		cident to the Indiana State							
	_	Health. When asked if she							
		ncident to be abusive, the							
	· ·	"yes". The DON							
		ent G had threatened "to							
		" and he had threatened to							
	not take his med	lications so that, per the							
	resident, he wou	lld be sent to the hospital							
	and then sent ho	me. DON indicated							
	Resident G was	not hard of hearing, but							
	that he and his re	oom mate tried to							
	aggravate each o	other. She indicated the							
	room mate was i	moved and there have							
	been no issues w	vith the radio's volume							
	since they have	been separated. She							
	indicated there v	were no care plans which							
	would provide in	nterventions for the							
	resident's wish to	o listen to his radio with a							
	loud volume.								
	A interview was	conducted with the							
	Activities Aide	on 3/01/11 at 3:40 p.m.							
		e resident was able to							
	listen to any kind	d of music that he wants.							
	1	ide indicated she would							
		s to the resident, if he							
		,							
FORM CMS-2	2567(02-99) Previous Versi	ons Obsolete Event ID:	32WX11	Facility II	D: 000388	If continuation s	heet Pa	ge 20 of 21	

32WX11 Facility ID:

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l	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B. WING B. WING C. BUILDING B. WING C. B				(X3) DATE SURVEY COMPLETED 03/01/2011	
NAME OF PROVIDER OR SUPPLIER RURAL HEALTH CARE			1747 N	ODDRESS, CITY, STATE, ZIP CODE ORTH RURAL STREET APOLIS, IN46218	•	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	BE	(X5) COMPLETION DATE
	would like them volume as loud a	so he could listen to the s he wants.				
	was provided by 2/28/11. The pol Interpretation and "Our abuse prever program may ince the following: j. planning, and mowith needs and be conflict or neglective residents with significant to the provided problem."	enitoring of residents ehaviors that may lead to etK. Assessing gns and symptoms of ns and developing and re plans that can assist in				